

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/544 782
APPLICANT'S
NAME

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	3		1			
6	4		1			
7	3		1			
8	4		1			
9	3		1			
10	4		1			
11	3		1			
12	4		1			
13	3		1			
14	4		1			
15	4		1			
16	①		1			
17	3		1			
18	4		1			
19	3		1			
20	4		1			
21	4		1			
22	①		1			
23	4		1			
24	①		1			
25	4		1			
26	4		1			
27	①		1			
28	3		1			
29	4		1			
30	4		1			
31	①		1			
32	①		1			
33	①		1			
34	3		1			
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49						
50						
TOTAL IND.	3	↓	3	↓	↓	
TOTAL DEP.	92	←	31	←	←	
TOTAL CLAIMS	95		34			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						